

# State of New Jersey

#### **DEPARTMENT OF HUMAN SERVICES**

DIVISION OF ADDICTION SERVICES PO BOX 362 TRENTON, N.J. 08625-0362

CHRIS CHRISTIE Governor

KIM GUADAGNO

JENNIFER VELEZ
Commissioner

RAQUEL MAZON JEFFERS
Director

April 7, 2010

Re: DAS Revised Extension Request and Appeals Policy

Dear Provider:

In December 2008, the Division of Addiction Services (DAS) established policies and procedures governing extension requests for clients receiving services in the following DAS Fee for Service Initiatives: Driving Under the Influence, Drug Court, Mutual Agreement Program, Needle Exchange Treatment Initiative, the South Jersey Initiative and as well as the Child Welfare Reform contracts.

The aforementioned policy has been **revised** to include an appeals process and expand the scope of services subject to the policy to include Detoxification (ASAM Level III.7D) and Medically Enhanced Detoxification (ASAM Level III.7D Enhanced).

The attached policy is effective **April 8, 2010** and **supersedes** the former DAS Extension Request policy (see letter dated November 25, 2008). The Extension Request form may be found at <a href="http://www.state.nj.us/humanservices/das/feefor/forms/">http://www.state.nj.us/humanservices/das/feefor/forms/</a>.

Thank you for your continued cooperation and commitment to provide quality substance abuse services to the residents of New Jersey. Please direct any questions you may have regarding this policy to Vicki Fresolone at 609-292-7232.

Sincerely,

Raquel Mazon Jeffers

Director

# Department of Human Services Division of Addiction Services Administrative Bulletin

#### **SUBJECT: Extension Requests and Appeals**

- **I. Purpose**: To have a uniform procedure governing extension requests and appeals.
- II. Scope: This policy is effective for the following Initiatives: Child Welfare Reform Plan (CWRP), Driving Under the Influence Initiative (DUII), Drug Court (DC), Mutual Agreement Program (MAP), Needle Exchange Treatment Initiative (NETI), South Jersey Initiative (SJI), Women's Set Aside, and future DAS Fee for Service Initiatives.

### III. Lengths of Stay:

- A. Treatment lengths of stay exceeding the following timeframes will not be authorized without an approved request for an extension from the Division of Addiction Services (DAS):
  - Intensive Outpatient (ASAM Level II.1) sixteen (16) weeks of three (3) units of service a week
  - Partial Care (ASAM Level II.5) sixteen (16) weeks of four (4) units of service a week
  - Short-Term treatment (ASAM Level III.7) thirty (30) calendar days
  - Short-Term treatment -adolescents (ASAM Level III.7) sixty (60) calendar days
  - Long-Term treatment (ASAM Level III.5) ninety (90) calendar days
  - Halfway House treatment (ASAM Level III.1) ninety (90) calendar days
  - Detoxification (ASAM III.7D) ten (10) calendar days
  - Medically Enhanced Detoxification (ASAM III.7D Enhanced) fourteen (14) calendar days
- B. In circumstances where it is clinically determined that a client needs additional treatment and the length of stay will exceed the above timeframes, an extension request form must be completed and approved by DAS before DAS reimbursement will be authorized. A continuing Level of Care Index (LOCI), found within NJSAMS, must be completed and submitted as part of the extension request. The extension request form can be found at the following site: <a href="http://www.state.nj.us/humanservices/das/feefor/forms/">http://www.state.nj.us/humanservices/das/feefor/forms/</a>

#### IV. Procedures:

A. When a client's clinical needs exceed timeframes outlined in III.A, an extension request must be submitted via e-mail to the program-specific e-mail account. Based on program requirements in which a client is enrolled the request may be submitted by a clinician, case manager, drug court coordinator, or independent evaluator. E-mail accounts are as follows:

Adolescents CWRPextensions@dhs.state.nj.us

Fathers with Children <a href="mailto:CWRPextensions@dhs.state.nj.us">CWRPextensions@dhs.state.nj.us</a>

Driving Under the Influence <u>DUIIextensions@dhs.state.nj.us</u>

Drug Court <u>DCextensions@dhs.state.nj.us</u>

MAP MAPextensions@dhs.state.nj.us

SJI SJlextensions@dhs.state.nj.us

Women with Children <u>CWRPextensions@dhs.state.nj.us</u>

Non-specific Initiatives <a href="mailto:das-extensions@dhs.state.nj.us">das-extensions@dhs.state.nj.us</a>

- B. All extension requests must be submitted to DAS at least seven (7) calendar days prior to the date of Level of Care (LOC) authorization expiration. Extension requests will not be accepted for review earlier than 30 days prior to anticipated authorization expiration.
- C. The Level of Care Index (LOCI) submitted with extension request form must be completed within 30 days of level of care authorization expiration. <u>LOCIs completed prior to 30 days authorization expiration will not be considered and will result in denial of extension request.</u>
- D. If the extension request form is incomplete or does not allow for adequate time for DAS to review, the agency may not receive reimbursement from DAS for treatment services that exceed the timeframes indicated in III. A above.
- E. A client's treatment should not be disrupted pending review of an extension request.
- F. DAS program staff will review the extension and respond to the individual who submitted the request within seven (7) days.

G. If an extension request is denied, the agency will not receive reimbursement from DAS for services provided that exceeds the timeframes indicated in III. A above.

## V. <u>Extension Request Appeal Process:</u>

- A. When appealing an extension request decision agencies are required to:
  - Submit an appeal for denied extension requests to: <u>dasextensionappeal@dhs.state.nj.us</u>
     Specifics for appealing the denial of the extension request should be included in the extension request.
  - 2. Include documentation supporting the contention that the extension request denial should be overturned.
  - 3. Failure to submit the above documents prior to the end date of authorization will result in the appeal being voided and the agency will be responsible for any treatment costs incurred.
- B. Agencies appealing extension request decisions are required to continue client treatment during the appeal process described below. DAS will authorize treatment reimbursement from the time in which the appeal was submitted to DAS for consideration, during the appeal review process, and if the appeal is denied, up to the time when the agency is notified of DAS's decision.
- C. Upon receipt of the email and all required documentation from the agency appealing the extension request denial, an internal review will be conducted by DAS supervisory staff who did not participate in the decision to deny the initial extension request. The aforementioned internal review will occur within three (3) business days.
  - 1. This internal process will include review of: the agency's initial request for an extension submitted to DAS, the initial decision made by DAS to deny the extension request and additional documentation submitted to DAS by the agency including A. 1-3 above.
- D. The agency will be advised by email of the division's decision within four (4) working days after the internal review.

This policy is effective as of the date of signature and replaces any previous Extension Request Policies issued by DAS.

Raquel Mazon Jeffers

Director

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